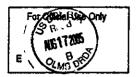
U S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2008

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, tines, or civil penalties as provided by 29 U S C 439 or 440,



1 File Number U - 9265

3 Name and address of person filing

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From.

06/01/04 Through 05/31/05

4 Name, file number, and address of labor organization

Name JESUS RENE LOPEZ PO Box, Bldg, Room No, If any Street 6601 N. BlK, CNY, Hwy. City Phoenics	Thermalinal Union of Operations Name Eaginzation File Number Local 428 040109 PO Box, Building and Room Number, if any Street 6601 N. Bih CVY Huy City 8 hoemson			
State Arvana ZIP Code + 4	State Alexand ZIP Code + 4			
5. Position in labor organization. Business Agent And Financial Secretary - Thustee Enter appropriate data below if, during the past flacal year, you or your spouse or minor child directly or indirectly had any of the following interests				
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7 a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any				
PO Box, Bldg, Room No, if any	7 b Amount.			
Street				
City				
State ZiP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.) Signed On 8-12-05 Date Telephone Number				

Name of Person Filing JESUS R. LOPEZ	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8. Name and address of Business (including trade name, if any) Name Internalizated Union of Operating Enguneers Trade Name, if any PO Box, Bidg, Room No, if any Street LGO / N. BIK, CKY, Huy, City Phoense. State Areana ZIP Code + 485015-1037	9 Business deals with a. Labor Organization b frust c. Employer			
10 If 9 b or 9 c. is checked give trust or employer's name. Name American Benefit Administration Trade Name, if any Fred Burnel PO Box, Bldg., Room No., if any Street F.D. Dox 16200 City Phoenics State Amora ZIP Code + 4 8 50 11 - 6200	11 a Nature of such dealing. Thust Frend 11 b Approximate dollar value of such dealing 12.a. Nature of interest held or income received Distriction Limited L-10-64 35.00/ 11.30-64 79.54/ 12-1-64 28.44/ 12-1-64 28.44/ 12-1-64 28.44/ 12-1-64 28.44/ 12-1-64 28.44/ 13-1-64 28.44			
	12.b. Amount #1.43.00 /x/			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14 a Nature of payment.			
Name				
Trade Name, if any				
PO Box, Bidg , Room No , if any				
Street				
City				
State ZIP Code + 4				

14 b Amount of payment.

13.b Is the Business an Employer

or Consultant

?

Name of Person Filing OF3US R. L. PEZ	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any) Name Enqueers Trade Name, if any Deal 428 PO Box, Bidg, Room No, if any Street 661 N. Blk. Cay, Hay City Phoenics State Auzona ZIP Code + 485615 - 1027	9 Business deals with a Labor Organization b frust c Employer	
10 if 9 b or 9 c, is checked give trust or employer's name.	11 a. Nature of such dealing.	
Name Mc Morgan - C.	Truck Fund Money warrage	
Trade Name, if any Richard Buesphlug		
PO Box, Bidg., Room No., if any Street 1746 Cole Boulevard Suite 225		
	11 b Approximate dollar value of such dealing	
any Coolden	12.a. Nature of interest held or income received.	
State Code + 4	Lundy + DIN Ners	
8040/	1	
	7-14-64 4,70141	
	7-14-64 970.41 8-16-04 9 86.20	
	11-17-04 51.85	
	12.b Amount # 208, 46	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14 a Nature of payment.	
Name		
Trade Name, if any		
PO Box, Bidg , Room No , if any		

14 b Amount of payment.

13 b is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State

Name of Person Filing OESUS R. Lagez		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8. Name and address of Business (including trade name, if any). Laternative of Union of Operative Name ENG! Ween Trade Name, if any (scal 424.) PO Box, Bidg, Room No, if any Street (GO(D, 31K. CN9. Hug.) City Phoenix State Arrona ZIP Code + 485015-1022	9 Business deals with. Cabor Organiza Trust c. Employer	tion		
10 If 9 b or 9 c. is checked give trust or employer's name Name South wet Sewie Naum Nichtator Trade Name, if any Linda Suy Janu PO Box, Bidg., Room No., if any		strature of Trues Fund		
Street Z400 W. Deenlago Suite 250 City Phoenic State Arraca ZIP Code + 4 85 021	12.a. Nature of interest held	d or income received.		
	12.b. Amount	\$ 63.53		
C, Received from any employer (other than an employer covered under parts A and B above)				
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant	or other thing of value 14 a Nature of payment.			
(including trade name, if any). Name				
Trade Name, if any				
PO Box, Bidg, Room No, if any				
Street				

14 b Amount of payment.

13.b is the Business an Employer

ZiP Code + 4

or Consultant

?

City

State

Name of Person Filing JESUS R. LODEZ	File Number U-	
B Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or idirectly to, or otherwise	
8 Name and address of Business (including trade name, if any). Taken North Marie Unum of Gurating Name Ergineer Trade Name, if any Local 428 PO 80x, Bldg, Room No, if any Street Gol N. Blk CNY Huy City Phoenic State Answer ZIP Code + 400 15 - /027	9 Business deals with. **Labor Organization **Trust c. Employer	
10 If 9 b or 9 c. is checked give trust or employer's name Name Internation Vinion of Spending Englishers Thust Fund. Trade Name, if any: Pension Thust Fund HO Box, Bidg., Room No., if any	Typenses for Manning Craventing per ollean	
Street P.O. Box 16200 City Phoenic- State Aninoma ZIP Code +4 F 5 8 11 - 6200	11 b Approximate dollar value of such dealing 12.a. Nature of interest held or income received 11-29-09 Mot 2/2M. (Q1.9? 12-3-by that 191. Director Tip (37.2% - 12.04-9 Hotel 11-30-04 Hotel Ru (91.97 Director 10.5% 12-01-04 Hold Ru (91.97 12.5-4 Racking) 12-02-04 Hold Ru (91.97 12.5-4 Racking) 12-03-04 Hold Ru (91.97 12.5-4 Racking) 12-03-04 Hold Ru (91.97 12.5-4 Racking)	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	12.b. Amount. (3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14 a Nature of payment.	
Trade Name, if any	_	
PO Box, Bidg , Room No , if any		

14 b Amount of payment,

13 b is the Business an Employer

ZIP Code + 4

or Consultant

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Street

City

State